

# Palliative care Oncology Patient and Nursing Look in Integral Care Perspective and Death: Study Conducted in a public hospital in Porto Velho, Rondônia, Northern Brazil

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**Abstract –** The general objective of this research is to know the perception of the nursing team on palliative care in oncology in a State Public Hospital in the city of Porto Velho - Rondônia. In order to understand the perception and experience of nursing staff in palliative care to patients in a Unity Medical Clinic I, I was chosen by a descriptive research with bibliographical research and field methods with prospective approach, supported by qualitative approach and subsidized by the phenomenology of Maurice Merleau-Ponty perception. The study results show nurses that come in palliative care take care of one action based on the need to offer comfort and control the physical pain of patients in terminal stage of life, promoting humanized care that integrates not only this patient but also his family, offering support during the difficult time in which both are going through. These professionals reveal feelings of powerlessness due to the inevitable prognosis of patients in the terminal phase. However, when watching this population, these students take care to cover the practical assistance and the quest to meet basic human needs of the patient. Based on the analysis of evidence obtained in the present study, it was possible to demonstrate the relevance of the research topic and the need to expand the knowledge with respect to palliative care, so that nursing and the whole multidisciplinary team of health to enjoy this and transforming rich medium therapy.

## I. INTRODUCTION

At present, it is considered cancer as one of the most serious diseases that can affect humans and is related to the possibility of imminent death. Even technoscientific advances forward to provide prevention, early detection and therapy for many cancers, the stigma of the disease still remains strong, reinforced by the high mortality rates (Ribeiro et al., 2014).

The number of cancer diagnoses more than doubled in the last 30 years. Most patients seeking care in hospitals when home care is no longer effective to relieve symptoms of pain and discomfort. In this sense, nursing must be prepared to meet these patients at various stages of the disease, from diagnosis to the advanced stage of the disease and its physical and psychological needs (Silva et al., 2014).

Because of the large number of individuals with cancer processes without availability of curative treatment, "palliative care and knowledge about their purpose are very important for the management of these patients" (Daronco et al., 2014, p. 657). The concept of palliative care was designed by Cicely Saunders, the Hospice movement, as the philosophy of care to the dying person, aiming to ease the psychological, physical, social and spiritual suffering, for the sole purpose of caring (Vieira et al., 2017).

Dias et al (2014 p. 2047) report that many cancer patients are terminally ill. And in this context:

[...] palliative care are presented as a philosophy of care, which promote measures to improve the quality of life of patients and their families in coping process of end of life, through early identification, prevention and relief suffering, assessment and treatment of physical, psychosocial and spiritual problems.

Nursing as a science, has the care grounded in the scientific bases, where care becomes systematized, thus determining a real and continuous care to their patients. Therefore, the nursing care to cancer patients need to involve emotional, biological and social aspects of the pathology (Zucolo, and PAULINE WHITAKER, 2014). And this is considered a challenge for health professionals in the form of care and understanding illness and the impossibility of cure, to provide support and relief of suffering (Paula et al., 2013).

Knowing that is not easy to deal with terminally ill patients, this study has the objective to know the perception of the nursing team on palliative care in oncology in a State Public Hospital in the city of Porto Velho - Rondonia.

## II. MATERIALS AND METHODS

In order to understand the perception and experience of nursing staff in palliative care to patients in a Unity Medical Clinic I, I was chosen by a descriptive research with bibliographical research and field methods with prospective approach, supported by qualitative approach and subsidized by the phenomenology of Maurice Merleau-Ponty perception.

The survey was developed by adopting all ethical procedures set out in Resolution no. 466, of December 12, 2012 of the National Health Council (CNS) / Ministry of Health (MOH), which elucidates the research guidelines involving human subjects. The research project of the present study was submitted to the Research Ethics Committee (CEP), which issued a favorable opinion by the Integrated College Aparicio Carvalho, under the number 1959581, on March 10, 2017.

The participants were 17 nurses in the months from May to July of 2017, who worked at the Unit Medical Clinic I of HBAP. It ensures even the identity of the subjects, which were identified by the abbreviation of the nursing category and in order of receipt of the questionnaires, which were identified " *Enf.1*" to "*Enf.17*".

Data collection took place from May to July 2017. From the subjects' discourse, careful and attentive reading was held, seeking what was common between them for the construction of categories, since the technical analysis of data used in this research were directed to the perception and experience of the nursing team while acting in palliative care geared to cancer patients and with no chance of cure as the current perception of concepts based on the Existential Phenomenology of Maurice Merleau-Ponty.

## III. RESULTS AND DISCUSSION

The study included 17 nursing professionals who met the inclusion criteria. In the social characterization of the participants, it was identified that 11 of respondents were nursing technicians and 06 were nurses, among them, 12 were female and 05 male. The predominant age group was above 50 years. Regarding the length of service that varied from less than 1 year to more than 10 years.

After analyzing the speeches of the research subjects, it emerged-00 categories, namely: Nursing care dispensed to cancer patients out of therapeutic possibility; The concept of palliative care in view of nursing staff; Feeling of nursing staff to the sick patient at the terminally process; and nursing team perception about the terminally ill patients in their care

### 3.1 Nursing care to exempt cancer patients out possibility of therapeutic

Claiming that there is nothing to be done to cancer patients outside the therapeutic possibility is a mistake. Nursing care is required while there is life, since that helps the patient to have quality of life when it is no longer possible for him to add days (EGIDIO and GOMES, 2016).

When asked about the nursing care provided to customers out of therapeutic possibility, most of the study participants nurses related their care practices assists and seeks to meet basic human needs of the patient.

*"Physical mobility thereof, hygiene, nutrition, basic care and promoting health" (Nurse. 7).*

*"Providing hygiene, such as diaper changes, beware of the probes, administer medication on time, advise on the importance of decubitus change" (Nurse. 13).*

*"[...] administer medications as prescription, realize care with hygiene, nutrition and physical mobility in bed (Nurse. 10).*

*"I provide hygienic care, medication administration, decubitus and power changes" (Nurse. 17).*

Nursing is the professional category that is able to stay longer in contact with the customer, as their actions are not restricted to purely technical procedures (GARCIA, 2014). But they seek to combine and contemplate the various characteristics pertaining to human, comprising the biological, emotional and social aspects of illness (Araújo, and SILVA PEREIRA, 2013; Zucolo, and PAULINE WHITAKER, 2014).

The study by Garcia (2014) states that while there is life, there is a need of nursing care. In this sense, the work of the nursing staff is paramount and essential to offer the maximum comfort to the patient in the final stage of life, helping to experience the process of dying with dignity, so that they enjoy the best possible way, the time We left. Thereby ensuring quality of life to what you have.

However, the findings in this study reveals the promotion of nursing care grounded in patient care as a key issue for respondents, but in a somewhat shortsighted in its denotation, the meaning of which is related only to what is physical, disregarding their psychological, social and spiritual factors.

A study by Durante, Tonini and Armini (2014) with 30 nursing professionals who actively work with the palliative care setting in a Federal Hospital of Bonsucesso located in the city of Rio de Janeiro - RJ, revealed a physiological speech, in which the body the patient acts as a machine where its wheels require only one facility (catheter, monitor equipment, bed) or a hydrostatic fluid towards the

relationship between gas and liquid into the circulation, respiration or bodily analgesia.

Other similar studies have also brought results that corroborate the findings in this study, where the nursing care to cancer patients was related only to the question of relief from physical suffering through technical procedures (Daronco et al, 2014;. DURING 2014; FREITAS and Pereira, 2013; Silva et al, 2013)..

In addition to the care grounded in care, other care, as to drug therapy to relieve the pain of patients was cited by some respondents, as certifies the following reports:

*"Medication for pain [...]. (Nurse. 1).*

*"[...] prevent the patient has minimal pain [...]" (Nurse. 11).*

*"I administer medication for pain" (Nurse. 9).*

The pain is intense present in cancer patients, and is considered one of the most common symptoms and second Daronco et al (2014), the role of the nurse and the nursing staff is essential in the evaluation of pain, as these professionals will following the change of intensity of pain, and thus can intervene when necessary. Please note that the unrelieved physical pain is a constant threat factor to the feeling of fullness desired. Experience a peaceful death process without pain is, above all, the chance to live fully his last moment. You must realize that before the terminal patient to adjust to other needs, he must have his relieved and controlled physical discomforts. Provide pain relief, it is one of the primary goals of palliative care.

It is considered pain relief as a fundamental care of the nursing team and, at the stage where the patient is under hospice care, this care becomes a priority, which enables the pain and suffering of patients are avoided or mitigated, targeting the patient's well-being (Nascimento and FERREIRA, 2016; RODRIGUES, Bushatsky and VIARO, 2015).

Machado et al (2013) explain that it is necessary to pay attention to the dimensions of subjective pain, for example, its intensity, location, and duration of irradiation; the space that it occupies in the patient's life and meaning that the patient attaches the pain in your life. However, this care requires a different view on the part of the nursing team and not just the use of pain medications, as patients need to have their pain recognized, understood and respected.

Resort to spiritual care, was also recognized by two respondents as a viable alternative that can be implemented in the set of actions directed to cancer patients in terminal phase, as the following lines:

*"[...] word of God" (Nurse. 8).*

*"We have to provide trust in God [...]" (Nurse. 13).*

Despite being a small number of respondents who mention spirituality in nursing practice, it was realized that there is on the part of these professionals attempt to strengthen the patient's belief as a way to ease their pain.

Researchers emphasize the need for nursing staff in fact to recognize the importance of spirituality, faith and religion, and integrate these aspects in the treatment of cancer patients to improve quality of life in order to lead these patients to a dignified end of life with integral support and suffering little as possible (Daronco et al, 2014;. Dias et al, 2014;. Silva et al, 2016.).

For Bernardes et al (2014), this different perspective of the nursing team to cancer patients allows humanize care, that is, means giving quality to nursing-patient-family relationship, providing opportunities welcome the sufferings of human beings before the body weakness, mind and spirit.

### 3.2 Hospice care concept in vision of nursing team

When asked about their understanding of palliative care, most of the present study nursing professionals emphasized that action to care for the need to provide comfort to the patient in phase "terminal of life, as highlighted in the following lines:

*"Give maximum comfort [...]" (Nurse. 1).*

*"These are measures that bring comfort [...]" (Nurse. 9).*

*"And give maximum comfort" (Nurse. 11).*

*"My opinion is a care that we do not have drug that brings comfort to the patient" (Nurse. 17).*

According Daronco et al (2014), between the care offered to patients in palliative care, comfort stands out. The same etymologically originates from the Latin *Confortare*, denoting fortify, assist, comfort, ease, help and assist.

Previous studies aiming to understand the perception of the nursing team to palliative care in oncology, brought evidence to corroborate the findings in this study, where the results pointed to the importance of comprehensive measures of comfort (FREITAS and PEREIRA, 2013; DURING 2014 ; Silva et al, 2014)..

Fernandes et al (2013) and Garcia (2014) argue that this understanding is consistent with the philosophy of palliative care which proposes to provide comfort and relief required to make minimum the suffering and pain of the patient, and consequently promoting the quality of life, which is essential part of maintaining dignity in human finitude.

It is important to note that knowledge of care needs and comfort on the part of health professionals, especially in the nursing field, directs the professional to reflect on the care environment and changes within the hospital setting,

assisting in perceptions about the care needed for the well-being and better quality of life for patients in palliative care (Daronco et al., 2014).

However, despite the majority of professional nursing staff describe the comfort, as essential parameter for the quality of life of patients in palliative care, some unveil lines that the care provided to patients in palliative phase are restricted to the control of physical pain .

*"Ease the pain" (Nurse. 12).*

*"They care seeking relief and / or ameliorate the pain" (Nurse. 14).*

*"Mitigating pains" (Nurse. 15).*

Corroborating these findings can cite the studies of Lopes et al (2013) in Singapore - PB and study Daronco et al (2014) in Rio Grande do Sul - RS, which were developed with nursing professionals who work directly with cancer patients. In both the research study participants defined palliative care as the control of physical pain.

Considered as the fifth vital sign, Egidio and Gomes (2016) state that "Physical Pain" brings influence to the quality of life of cancer patients requiring attention and proper care for the patients who need this therapy.

According to Lopes et al. (2013), pain control is an individual right and a duty of professionals who need to develop strategies to mitigate the suffering caused by this situation. Such strategies will lead, in a milder and smooth the process of death. Therefore, physical pain should not be addressed in isolation and should not be ignored either.

Moreover, it is important to point out that control of pain is considered one of the main goals of palliative care, since the pain significantly affects the quality of life and recovery of patients, and about 95% of patients require analgesia for relief pain (Freitas and Pereira, 2013).

Due to the large number of individuals with cancer processes outside of curability, palliative care and knowledge of its purposes is very important for management of these patients (Daronco et al., 2014).

As the importance of palliative care to this population, the studied nursing team has the following vision:

*"Relieve the suffering before death, favoring a more peaceful passage to the patient and family" (Nurse. 9).*

*"Ease the suffering both the patient and his family, even if it is in the terminal phase" (Nurse. 12).*

*"Comfort for family and patient, providing support and easing the concerns in the last moments of life" (Nurse. 15).*

Given these statements, it is evident that respondents have these care one way to promote a humanized care that



integrates not only the patient but also his family, offering support during the difficult time in which both are going through.

These results coincide with the findings of qualitative studies conducted with nursing professionals who treat cancer patients in palliative care regimen, where the survey participants reported the importance of grounded palliative care to promote a comprehensive care, humanized and multidisciplinary, aiming minimize the desires of the patient and his family, giving support during the therapeutic process bereavement (Fernandes et al, 2013; ZucoloPaulino and Whitaker, 2014).

The humanized care should meet the patient and their family of integral way. Importantly, completeness, is one of the principles of the SUS. The same is defined by Zucolo, Paulino and Whitaker (2014) as a way to take care with comprehensive and holistic approach, through the use of health technologies available in order to prolong patient survival.

For Silva et al (2014), care, palliative care, is an art, where human relations have adopted a leading role, allowing the preservation of a person's quality of life even in a complex situation, providing a peaceful death and promoting a grieving process. Thus, the meaning and understanding of palliative care has a magnitude that pierces the word itself. The unveiling of the dimensions of the phenomenon "palliative care" is founded to promote comfort, dignity, protection, open communication with the patient, an interdisciplinary action, family support, humanized care and an individualized treatment plan, in addition to pain relief and physical, spiritual and psychological distress.

The World Health Organization (WHO) focuses on the importance of palliative care to this population, since these care establishing an approach to care through prevention, assessment and treatment of pain and psychological, social and spiritual support in order to improve the quality of life of patients and families facing a medical condition that threatens the continued existence (WHO, 2017).

### **3.3 Feeling of professional nursing patient front of the sick in the process of terminality**

In the face of technological advances and the progressive increase in life expectancy, disease without curing prospects and risk of death has increased in similar proportion. On the other hand, health professionals have difficulties in following the growing demand of patients in terminal patients in need, in general, strengthen its instrumentalization for care in the dying process and how to work with this theme, especially for its association with the feeling that nothing more can be done to these patients (VASQUES et al., 2016).

Given the above, we asked the which nurses the feelings they describe to care for a terminally ill patient, the speeches of all surveyed denote feeling that express sensitivity to the situation, since in some these professionals times not They can provide the patient with all that it needs, as can be seen in the following lines:

*"Powerlessness, you feel that there's nothing more to be done before the disease" (Nurse. 1).*

*"Powerlessness, we see the patient in the situation and can do nothing" (Nurse. 5).*

*"Impotence to see that every second may be the last and you can not do anything to improve the situation" (Nurse. 9).*

*"Failure to do something, I feel helpless" (Nurse. 16).*

Facing the situation of death experienced by cancer patients with no chance of cure, all the nurses of this study demonstrated feelings of frustration and suffering, because they feel powerless to care in terminal illness. It is believed that such a feeling arises due to the inevitable outcome of the terminally ill patient and also the difficulty of planning a nursing care in these cases.

Pink and Couto (2015) state that the patient contact the terminally process induces the nursing professional to an emotional wear, where feelings are expressed in a confused manner. This professional has difficulties in dealing with the patient's death, due to consider it as a new and distant event, causing feeling of helplessness.

Results found in the study Vasquez et al (2016) conducted with 23 professionals active nursing in a Medical Clinic Unit of a University Hospital Public Federal, located in the extreme south of Brazil, are similar to the findings in this study, where the majority of nurses had difficulties in acting front of the terminal illness, since they found themselves strongly mobilized by feelings of powerlessness due to the imminent process of death of patients.

It is important to emphasize that this negative sentiment was also evident in other studies with nursing professionals attending patients in end-of-process (ALMEIDA, SALES and MARCON, 2014; BERNARDES et al, 2014; Garcia, 2014; Garcia and Santos, 2014; PINK and Couto, 2015; Silveira, Ciampone and Gutierrez, 2014; ZucoloPaulino and Whitaker, 2014).

### **3.4 Perception of nursing team on the terminal phase of patients under your care**

When a patient is labeled a 'terminal', ie without any possibility of healing, there is the idea that there is nothing to be done. However, this patient is alive and needs to be

carefully (and GARCIA SANTOS, 2014; Zucolo, and PAULINE WHITAKER, 2014).

About the understanding of professionals about the final phase of life of patients who are under nursing care, if questioned as it should be this phase, many said it should be painless and next to family, which can be noted in the following lines:

*"Close relatives and without pain [...]" (Nurse. 6).*

*"With less suffering and their families around" (Nurse. 9).*

*"Preferably painlessly and with the family" (Enf.10).*

*"No pain and most likely to be close to their families and loved ones [...]" (Nurse. 14).*

It is worth noting that the survey participants emphasize the promotion of comfort and enhancement of quality of life, and for this the patients finitude should remain with the family, getting adequate treatment without the least pain.

Confirming these findings, a study developed with nurses that are inserted directly in the process of care in oncology sector at a university hospital, located in Uberlândia - Minas Gerais, revealed a great concern on the part of these professionals to provide a peaceful death no pain and humanized form, in the presence of family and loved ones for the close time (WEDGE, Araujo and Peres, 2016).

Strengthening further such findings, Garcia (2014) conducted a survey in the Regional Hospital of Luziânia - Goiás with 08 nursing professionals, which showed through the speeches of these professionals the encouragement of family members with patients as a way to care for terminally life situations since the family's presence provides greater safety and comfort, helping to face the difficult times of less arduous and hostile manner.

Other national studies of nursing professionals, even brought evidence to corroborate the findings in this study, where they recognize the importance of a differentiated care by the nursing staff, through which is prioritized the reduction of pain and the interaction with the family in the search for an effective patient care that no longer responds to curative therapy (Fernandes et al, 2013;. GARCIA AND SAINTS, 2014).

Even on the final stage of life of terminal patients in their care process, some nursing professionals study participants reported care involving biological, psychological and spiritual aspects, which can be evidenced in the following highlighted excerpts:

*"Taking care of these patients in the most varied needs, providing physical, spiritual and emotional support, providing greater comfort" (Nurse. 3).*

*"Really the patient needs physical, emotional and spiritual care every day, until the last breath of his life" (Nurse. 7).*

*"Providing care grounded in bio-socio-spiritual, so that it has a dignified death" (Nurse. 15).*

Before the speech showed that these professionals relate the care that the patient should receive terminals at the time of farewell to life support problems of physical, psychosocial and spiritual order, ie a care for palliative surgery.

Vieira et al (2017) point out that the phase of human terminally makes the process of care more difficult, since the patient needs to be careful in full considering both the disease and the degenerative process of his own age. The care to the terminal patient should be offered in a holistic way, ie recognizing the guy who is terminally ill as a whole being that lacks assistance in their bio-psycho-socio-spiritual sphere.

Some researchers say that both the nurse as his team should assist and support the terminal patient involving aspects of physical order, emotional, social and spiritual. And even identify their real needs, providing greater comfort (DURING 2014, DURING, and TONINI ARMINI, 2014).

It is known palliative approach aims to add quality of life to days and not days to life through the pain relief and its biological, psychological and spiritual suffering, where healing gives way to the care skills related to suffering support and dignity (Garcia and Santos, 2014; Ribeiro et al, 2014;. ZucoloPaulino and Whitaker, 2014).

It is known to take care of a cancer patient in the final stage of life, it is no easy task, as this should be seen in all their needs, whether physical, psycho affective and / or spiritual (VENTURE, 2013).

Thus, he questioned the study participants whether they feel prepared to care for a terminally ill patient, the response was unanimous, which said they feel prepared, and still support the families of these patients. Below are highlighted a few lines expressing this statement:

*"I am prepared to take care of cancer patients, as well as support their families" (Nurse. 1).*

*"I'm prepared psychologically to support patient safety spend the family [...]" (Nurse. 13).*

*I feel I am prepared to work with oncology clients, can still support your family "(Nurse. 15).*

The work of the nursing staff is paramount and essential to offer maximum comfort to this patient, helping him in the dying process in a dignified manner, so that enjoy the best possible way, the time you have left (RODRIGUES, Bushatsky and VIARO, 2015).

According to the study by Garcia (2014), the nursing staff must act to support the patient and his family, allowing minimum make the fears and anxieties, besides contributing to the appropriate participation of both in the process. For this it is important that these professionals are prepared technically and emotionally to watch both the patient and his family, who needs support and is nursing the bond of trust to provide them comfort at this moment that is so difficult.

Almeida, Sales and Marcon (2014) also advocate the need for professional nurses to be prepared to deal with terminal illness and death and not deny it in the care, given that this professional as caregiver, it may assist the patient in their dying employing the ethical principles of palliative care as a common thread in care. And may also preserve the dignity of that person and help in coping and in recognition of his death.

#### IV. FINALY

It is known that death is always a challenge, even for the professional who is trained to maintain life. This study allowed us to describe how nursing professionals perceive palliative care, as well as demonstrate their feelings and emotions on this care. And yet, for researchers, it was a unique moment, which was given the opportunity to expand their concerns and reflections on the care of nursing professionals to clients in palliative care and care at the end of life.

As the survey was conducted only with nurses that cater to adults terminally ill patients in the medical clinic I, not expanding the professionals caring for other age groups, as is the case in pediatric oncology of the hospital and with a small sample of these professionals, it is important that further studies be conducted to better identify the perception of these professionals working in palliative care and pain management, as well as the entire multidisciplinary team.

Based on the analysis of evidence obtained in the present study, it was possible to demonstrate the relevance of the research topic and the need to expand the knowledge with respect to palliative care, so that nursing and the whole multidisciplinary team of health to enjoy this rich and transformative form of therapy, building a humanized care to patients in finitude process and their families.

It is believed that the evidenced results contribute reflections and teachings so that more and more health professionals, especially those in the nursing field, are empowered and motivated to provide care that is reflected in the quality of life of customers, leading into account all the bio-psycho-social-spiritual aspects.

It can conclude that this study aggregated positive values to our personal life, but especially for our professional life. As future nurses, we will observe the terminal patient in its totality, as a being that requires not only the devices and drugs to stay alive, more essential care that offer comfort for body and soul, for actions They must be geared to quality care and humane, during and after the patient's death.

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